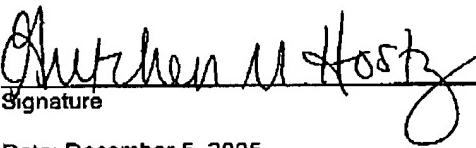
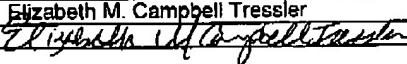


TRANSMITTAL FORM		Application Number	10/615,114		RECEIVED CENTRAL FAX CENTER DEC 05 2005			
		Filing Date	July 8, 2003					
		First Named Inventor	Mark S. Fernandez					
		Art Unit	1722					
		Examiner Name	Donald H. Heckenberg Jr.					
Total Number of Pages in This Submission	4	Attorney Docket Number	022150-9002					
ENCLOSURES (check all that apply)			PETITION FOR EXTENSION OF TIME					
<input checked="" type="checkbox"/> Amendment/Reply - 3 pages <input type="checkbox"/> Before Final <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declarations <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form(s) <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Submission of Formal Drawings <input type="checkbox"/> Other:			This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. <input checked="" type="checkbox"/> Applicant(s) claims small entity status under 37 CFR 1.27. <input type="checkbox"/> Applicant(s) petitions for a one-month extension of time and pay the fee of \$120.00 (37 CFR 1.17(a)(1)-(5)). <input checked="" type="checkbox"/> Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely.					
CLAIMS FEES								
<input checked="" type="checkbox"/> No additional claim fee is required.								
				Small Entity		Large Entity		
	Claims Remaining After Amendment		Highest Number Previously Paid For	Extra Claims Present	Rate	Addit. Claim Fee	Rate	
Total	21	-	21	=0	x 9=	\$	x 18=	\$0
Independent	3	-	3	=0	x 43=	\$	x 86=	\$0
				+ 145=		\$	+ 290=	\$0
FEES								
<input type="checkbox"/> Additional Claim Fee \$0.00 <input type="checkbox"/> Extension fee for one-month \$0.00 <input type="checkbox"/> Information Disclosure Statement \$0.00 <input type="checkbox"/> Surcharge for Missing Parts - Declaration \$0.00 <input type="checkbox"/> Terminal Disclaimer \$0.00								
TOTAL FEES \$0.00								
PAYMENT OF FEES								
<input type="checkbox"/> A check in the amount of \$ is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1965. <input type="checkbox"/> The Director is authorized to charge Deposit Account Number 50-1965 in the amount of \$0.00.								
SIGNATURE OF ATTORNEY								
Gretchen M. Hosty, Reg. No. 54,721 MICHAEL BEST & FRIEDRICH, LLP 401 North Michigan Avenue Suite 1900 Chicago, Illinois 60611 Telephone: (312) 222-0800 Facsimile: (312) 222-0818				 Signature Date: December 5, 2005				
CERTIFICATE OF TRANSMISSION/MAILING								
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<input checked="" type="checkbox"/> being facsimile transmitted to the USPTO, facsimile number (571) 273-8300. <input type="checkbox"/> deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below								
Typed or printed name	Elizabeth M. Campbell Tressler							
Signature				Date: December 5, 2005				

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
Group Art Unit 1722

In re Patent Application of

Mark S. Fernandez et. al.

Application No. 10/615,114

Filed: July 8, 2003

Examiner: Donald H. Heckenberg Jr.

Confirmation No.: 9109

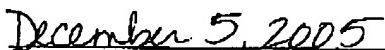
"DEVICE FOR MELTING AND REMOLDING
CRAYONS"

Mail Stop: Amendment
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Alexandria, VA 22313-1450

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is being transmitted to the U.S. Patent and Trademark Office via facsimile
to facsimile number (571) 273-8300 on the date of my signature.



Signature



Date of Signature

AMENDMENT AND RESPONSE TO OFFICE ACTION DATED OCTOBER 6, 2005

Sir:

This communication responds to the Office Action mailed October 6, 2005. Please
charge any required fees or credit any overpayment to Deposit Account No. 50-1965.

Please amend the application, as follows:

Amendments to the specification begin on page 2 of this paper.

Remarks begin on page 3 of this paper.